Joint internal commitments on the right to abortion

Working document, the content has not yet been validated by any MdM chapter

Background

In June 2022, the US Supreme Court decided to overturn the constitutional right to abortion in the United States, prompting the European Parliament to adopt a resolution on global threats to abortion rights (364 votes to 154; 37 abstentions).

The growing number of well-funded anti-rights and conservative movements worldwide presents a grave threat to the human rights of women and gender minorities everywhere, including their rights to bodily autonomy and integrity.

According to UN Women: "There has been a rise in anti-rights movements and anti-feminist groups, driving an expansion of regressive laws and policies, a backlash against women's rights organisations and a spike in attacks against women human rights defenders and activists."[1]

Women's sexual and reproductive rights are particularly targeted, especially the right to safe abortion. As a health NGO, MdM has a role to play in addressing unsafe abortion, which accounts for a large proportion of maternal morbidity and mortality.

In the light of those events, several Executive Directors asked the advocacy community to consider a joint network positioning on the right to abortion. To take a meaningful and impactful public positioning on abortion as a network, it is necessary to first internally agree on several key principles.

Objective

The objective of this document is to build internal consensus on MdM's approach to safeguard abortion rights. Since MdM does not only advocate for the right to safe abortion, but is also a service provider, this document focuses on binding commitments that will turn our convictions into actions. The established commitments define the future common framework for MdM activities. The commitments need to be considered as one entity. One preconditions the other. They should be used as a starting point for advocacy's initiatives; internal guidelines; and operational decisions. The specific pace and modalities of their implementation lies within the responsibility of each individual chapter.

Process and methodology

Technical referents and advocacy focal points from different MdM chapters[2] came together to lead this exercise. As experts - not as representatives of their respective

[1] https://www.unwomen.org/en/news-stories/feature-story/2022/11/push-forward-10-ways-to-end-violence-against-women

[2] Marie Lussier, Advocacy Advisor SRHR MdM-France; Stefania Parachini, Technical Advisor SRHR MdM-Belgium and Switzerland; Emiliana Tapia, Advocacy Coordinator MdM-Spain; Johanna Offe, Advocacy

chapters - they analysed global policies and guidelines (notably from WHO and the Human Reproductive Programme, the United Nations Development Programme - United Nations Food programme – UNICEF – WHO - World Bank Special Programme of Research, Development and Research Training in Human Reproduction) and translated them into practical commitments taking also into account the own experiences made throughout the last years. If adopted and respected, those commitments will allow MdM to contribute to global efforts to achieve Sexual and Reproductive Health and Rights (SRHR) for all. **Through this document, MdM is aligning itself with the global SRHR Community's position on abortion**. This is especially relevant for MdM chapters engaged in SRHR.

Summary of commitments

As an MdM chapter,

1) We affirm that **abortion care is essential healthcare** and a **human right.**[3]
2) We understand (and maintain) that **comprehensive abortion care is part of Family Planning.**
3) We commit to **providing access to abortion care directly or through referral to a partner**. In any case, I commit to **providing information** on self-managed abortion and **post-abortion care** when needed.
4) We commit to only **recruiting people (employees and volunteers) who commit to 2022 WHO positioning on abortion.**
5) We commit to **supplying our programmes, with abortion kits (abortion pills and/or Manual Vacuum Aspiration (MVA) equipment**), **at least in countries where abortion on request is illegal**.
6) We commit to **supporting all our service-providing staff and protecting them from the possible negative consequences** of providing safe abortion services and information.
7) We commit to incorporating safe abortion care into **the staff health package.**
8) We will **advocate towards public authorities for the complete decriminalisation of abortion**.

Advisor MdM-Germany; Sam Van Vliet, Advocacy Advisor MdM-Netherlands; Chloé Cebron, Advocacy Advisor MdM-Canada; Francesca Amerio, Advocacy and Communication Advisor MdM-Italy.

[3] Note that some of the commitments are directly based on the WHO care guidelines on abortion. The guidelines emphasise the need for quality abortion care, stressing the need for services that are not only safe but also effective, efficient, accessible, equitable and acceptable/person-centred. They place a particular focus on the respect and promotion of human rights. WHO recommends **the full decriminalisation of abortion;** the repeal of laws and other regulations restricting abortion based on "grounds", but also of obstacles such as conscientious objection; and that abortion be available on the request of the woman, girl or other pregnant person. The new guidelines also promote **community-based and self-management approaches** to abortion care.

I. What abortion means to us

For MdM, promoting and defending access to health does not mean just providing treatment and care; it also means advocating for social change and supporting communities to bring this change about. For us, access to abortion services is a core component of SRHR; a public health issue; a basic human right; and an indicator of social and gender inequalities.

Sexual and Reproductive Health and Rights (SRHR) are one of MdM's core areas of intervention and expertise. SRHR is an all-encompassing concept, including both health and the right to make sexual and reproductive decisions. It refers to the right to have control over and decide freely on matters related to sexuality; the right to lead a pleasurable, safe and freely chosen sex life, free from coercion, discrimination and violence. Lastly, it refers to the right to access comprehensive Sexual and Reproductive Health services and professionals that support this right.[4] **Sexual and Reproductive Health depends on the realisation of Sexual and Reproductive Rights, which are based on the human rights of all individuals.**

→ Abortion, and therefore abortion care and abortion rights, are key elements of SRHR

Unsafe abortion is one of the leading causes of maternal death worldwide. Up to 39,000 women - transgender - non-binary people die each year, and 7 million are admitted to hospitals in developing countries for this reason. Out of the approximately 121 million unwanted pregnancies occurring in the world every year, 60% result in an abortion. Unfortunately, 45% of those are undertaken in unsafe conditions because of restricted access, threatening the person's health and life.[5]

Each one of these deaths and injuries is preventable.

→ Safe and legal abortion is more than a public health issue, it is a public health emergency.

A growing number of international bodies are recognising abortion as a human right. Both the International Conference on Population and Development in Cairo in 1994 and the Beijing Platform for Action in 1995 have called for governments to decriminalise this medical practice in all cases and ensure safe, legal abortion in certain circumstances as a minimum. Moreover, abortion-related restrictions hinder the application of many other internationally protected human rights (**rights to life, health, non-discrimination and equality, privacy, bodily autonomy, and integrity amongst others**).

---

[4] See: https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights

[5] See: Ganatra, Bela, et al. « Global, Regional, and Subregional Classification of Abortions by Safety, 2010–14: Estimates from a Bayesian Hierarchical Model ». The Lancet, vol. 390, no 10110, November 2017, p. 2372-81. DOI.org (Crossref), https://doi.org/10.1016/S0140-6736(17)31794-4.
(source used by the WHO and UNFPA)

→ Safe abortion, as a reproductive right, is a basic and fundamental human right.

More than 40% of women are living in a country where abortion upon request is illegal. Restricting access to abortions does not reduce the number of abortions that take place.[6] Bodily autonomy is a key component of gender equality, with implications for women's social, political, and economic opportunities. The criminalisation of abortion harms all women and transmen, but not equally. In the cases reviewed by Human Rights Watch, women and girls **living in poverty were much more likely to be affected**.[7] A person with the financial means will always find a way to abort safely despite restrictive legislation, while a person living in poverty will resort to more dangerous methods. Moreover, the Covid-19 pandemic and the resulting blockages and restrictions have created new barriers for women and girls to exercise their sexual and reproductive rights.

→ Inequalities in abortion care access reflect and amplify social and gender inequalities.

II. Detailed commitments

As an MdM chapter,

1) We affirm that **abortion care constitutes essential healthcare** and a **human right.**
    - In line with MdM's SRHR approach, which includes both a health and a rights component. The realisation of fundamental human rights can only be achieved when people are free to make their own choices about their body and make their own sexual and reproductive decisions, whilst having access to comprehensive SRH services and professionals that support these rights.
    - **Integration of WHO new guidelines on safe abortion** into MdM's primary health care and SRHR guidelines
    - **Free access to abortion** at the request of the woman, girl or other pregnant person (= WHO quote)
    - We defend the need for a **comprehensive package of sexuality education** (CSE to help prevent unintended pregnancies and unsafe abortions.
    - As an essential health care service, abortion care is a fundamental aspect of universal health coverage (UHC) a goal to be reached by 2030 (see SDG 3.8).

[6] See: « The World's Abortion Laws ». Center for Reproductive Rights, https://reproductiverights.org/maps/worlds-abortion-laws/.

[7] See: « Q&A: Access to Abortion Is a Human Right ». Human Rights Watch, 24 June 2022, https://www.hrw.org/news/2022/06/24/qa-access-abortion-human-right.

2) We understand (and maintain that) **comprehensive abortion care is part of Family Planning (FP)**
    - FP training should include safe abortion training
    - FP protocols should include safe abortion protocols
    - When collected, safe abortion data should be integrated into FP data. **N.B.** only when the collection of this data respects confidentiality, in order to protect the women and health workers. Another option would be to collect this data indirectly via stock management (number of Misoprostol/Mifepristone abortion kits or AMIU used…)
    - Advocacy statements on FP should make reference to safe abortion
    - Donor proposals and reporting on FP should include safe abortion
3) We commit to **providing access to abortion care directly or through referral to a partner**. In any case, I **commit to providing information** on self-managed abortion and **post-abortion care** when needed.
    - If a direct intervention is not possible, always **identify and refer to partners** or private health workers who will do the procedure safely. For referrals, costs must be covered: transport to and from the community, medication, consultations
    - Memorandum of Understanding with the Ministries of Health and partners should always include post-abortion care.
    - **Self-managed abortion**[8]
      Focus information provision on how/where to get the pill and on how to use it. Adopt a **harm-reduction approach** to abortions performed in poor conditions by enhancing community access to full information on medical methods of abortion and self-administered Misoprostol. Work on dissemination: produce or disseminate existing leaflets, identify apps, set up hotlines and include this information into training curricula. Moreover, **all medical staff** should be trained in self-managed abortion. Include comprehensive abortion care in a **humanitarian care package**: provision of information, abortion management & post abortion care.
    - **Implement VCAT** (Abortion values clarification and attitudes transformation training) to all our staff.
    - Ensuring safe abortion access means taking into account women's specific situations of vulnerability (economic, social and cultural) and the social and cultural norms of both the population and health personnel.
    - Potential need to conduct a legal and/or risk analysis

[8] See also WHO guidelines on abortion care

4) We commit to only **recruiting people (employees and volunteers) who commit to 2022 WHO positioning on abortion.**
    - In any context (countries where abortion on request is or is not legal), conscientious objection is not an option at MdM
    - Even in contexts where abortion is not legal on request, staff must accept WHO/MdM positioning.
    - MdM's commitments on abortion must always be incorporated into the recruitment process.
5) We commit to **supplying our programmes in countries where abortion on request is illegal with abortion kits (abortion pills and/or MVA equipment**) as a minimum.
    - All projects should have a stock of "kits", protocols in place on how to use them and trained staff
    - Stock without personalised follow-up
    - These drugs should be part of the essential list of medicines in an SRH service
6) We commit to **supporting all our service-providing staff and protecting them from possible negative consequences** of providing safe abortion services and information.
    - Keep no written records of abortion patients
    - Protect national staff by ensuring that they have no personal responsibility; responsibility will be taken by the organisation (or at least by the international staff)
    - Legal support if staff are accused/arrested
7) We commit to incorporating **safe abortion care into the staff health package.**
    - All emergency pharmacies for MdM teams should include the emergency pill + abortion kit (Misoprostol + mifepristone).
    - During staff induction, information should be provided on MdM providing safe abortion care for its staff.
8) We will **advocate towards public authorities for the complete decriminalisation of abortion.**
    - Advocate for states to promote a policy of prevention of unwanted pregnancies and the decriminalisation of abortion
    - Advocate for the removal of unnecessary barriers, including mandatory waiting times; approval by several doctors; approval by husband/parent/family member; approval by a legal institution; additional expenses.

Version 20/01/2022